

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4-17-95</u>		2 Serial/Patent # <u>5238948</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<u>11</u>	<u>2/4/95</u>	\$ <u>100.00</u>
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Treasury Check             <div style="margin-left: 20px;">                 Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">13--3723</span> </div> </div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>EVA JAMES</u>			TITLE: <u>Legal Instrument E.</u>	
SIGNATURE: <u>EVA James</u>			PHONE: <u>305-8047</u>	
OFFICE: <u>Cr. of Cor. Br.</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u>Audrey J. J. J.</u>			DATE: <u>4/19/95</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 302B